

EXHIBIT 1

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
TRAFFIC COLLISION REPORT
CHP 555 PAGE 1 (REV. 04-11) OPI 060

PAGE 1 OF 9

SPECIAL CONDITIONS			NUMBER INJURED	HIT & RUN FELONY	CITY SAN FRANCISCO			JUDICIAL DISTRICT SAN FRANCISCO SUPER.		LOCAL REPORT NUMBER 2012110250			
			NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY SAN FRANCISCO			REPORTING DISTRICT	BEAT	DAY OF WEEK FRIDAY		TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
LOCATION	COLLISION OCCURRED ON: US-101 S/B					MO 11/30/2012	DAY	YEAR 0247	TIME (2400)	NCIC # 9335	OFFICER I.D. 020266		
	MILEPOST INFORMATION:					GPS COORDINATES LATITUDE 37.75290°			LONGITUDE -122.40290°			PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE	
<input type="checkbox"/> AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 210 FEET NORTH OF CESAR CHAVEZ ST								STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED]		STATE CA	CLASS C	AIR BAG M	SAFETY EQUIP. G	VEH. YEAR 2008	MAKE / MODEL / COLOR TOYO TACOMA BLK	LICENSE NUMBER 8N75366	STATE CA			
DRIVER	NAME(FIRST, MIDDLE, LAST) MICHAEL SHERMEN KIM									OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS [REDACTED]									OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP MILLBRAE CA 94030									DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST	SEX <input type="checkbox"/>	HAIR M BLK	EYES BRN	HEIGHT 5-08	WEIGHT 195	MO [REDACTED]	BIRTHDATE DAY	YEAR [REDACTED]	RACE A	B&A TOW			
OTHER	HOME PHONE [REDACTED]			BUSINESS PHONE						PRIOR MECH. DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
	INSURANCE CARRIER AAA									VEHICLE IDENTIFICATION NUMBER: 22	VEHICLE TYPE UNK	DESCRIBE VEHICLE DAMAGE NONE	SHADE IN DAMAGED AREA ROLL-OVER
	DIR OF TRAVEL S			ON STREET OR HIGHWAY US-101			SPEED LIMIT 50			CA	DOT	TCP/PBC MC/MX	
PARTY 2	DRIVER'S LICENSE NUMBER [REDACTED]		STATE [REDACTED]	CLASS [REDACTED]	AIR BAG [REDACTED]	SAFETY EQUIP. [REDACTED]	VEH. YEAR [REDACTED]	MAKE / MODEL / COLOR [REDACTED]	LICENSE NUMBER [REDACTED]	STATE [REDACTED]			
DRIVER	NAME(FIRST, MIDDLE, LAST)									OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS									OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP									DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST	SEX <input type="checkbox"/>	HAIR [REDACTED]	EYES [REDACTED]	HEIGHT [REDACTED]	WEIGHT [REDACTED]	MO [REDACTED]	BIRTHDATE DAY	YEAR [REDACTED]	RACE [REDACTED]	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE			BUSINESS PHONE						VEHICLE IDENTIFICATION NUMBER: [REDACTED]	VEHICLE TYPE UNK	DESCRIBE VEHICLE DAMAGE NONE	SHADE IN DAMAGED AREA ROLL-OVER
	INSURANCE CARRIER [REDACTED]									CA	DOT	TCP/PBC MC/MX	
	DIR OF TRAVEL [REDACTED]			ON STREET OR HIGHWAY [REDACTED]			SPEED LIMIT [REDACTED]			CAL-T	TCP/PBC MC/MX		
PARTY 3	DRIVER'S LICENSE NUMBER [REDACTED]		STATE [REDACTED]	CLASS [REDACTED]	AIR BAG [REDACTED]	SAFETY EQUIP. [REDACTED]	VEH. YEAR [REDACTED]	MAKE / MODEL / COLOR [REDACTED]	LICENSE NUMBER [REDACTED]	STATE [REDACTED]			
DRIVER	NAME(FIRST, MIDDLE, LAST)									OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS									OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP									DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST	SEX <input type="checkbox"/>	HAIR [REDACTED]	EYES [REDACTED]	HEIGHT [REDACTED]	WEIGHT [REDACTED]	MO [REDACTED]	BIRTHDATE DAY	YEAR [REDACTED]	RACE [REDACTED]	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
OTHER	HOME PHONE			BUSINESS PHONE						VEHICLE IDENTIFICATION NUMBER: [REDACTED]	VEHICLE TYPE UNK	DESCRIBE VEHICLE DAMAGE NONE	SHADE IN DAMAGED AREA ROLL-OVER
	INSURANCE CARRIER [REDACTED]									CA	DOT	TCP/PBC MC/MX	
	DIR OF TRAVEL [REDACTED]			ON STREET OR HIGHWAY [REDACTED]			SPEED LIMIT [REDACTED]			CAL-T	TCP/PBC MC/MX		
PREPARER'S NAME PARLEY 020266					DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				REVIEWER'S NAME [REDACTED]			DATE REVIEWED 12-6-12	

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER					
11/30/2012	0247	9335	020266	2012110250					
PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS			NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DESCRIPTION OF DAMAGE								
SEATING POSITION 	SAFETY EQUIPMENT			AIR BAG	INATTENTION CODES				
	OCCUPANTS	CHILD RESTRAINT	M / C BICYCLE HELMET		B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED	A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER			
1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR, OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER	A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED	Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	DRIVER V - NO W - YES	PASSENGER X - NO Y - YES	EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN				
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.									
PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 VC SECTION VIOLATED: A 22350 B OTHER IMPROPER DRIVING* C OTHER THAN DRIVER* D UNKNOWN*	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
	D NO CONTROLS PRESENT / FACTOR*	X			D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
WEATHER (MARK 1 TO 2 ITEMS)		TYPE OF COLLISION			E SCHOOL BUS RELATED				E MAKING LEFT TURN
A CLEAR	A HEAD - ON				F 75 FT MOTOTRUCK COMBO				F MAKING U TURN
B CLOUDY	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
C RAINING	C REAR END				H				H SLOWING / STOPPING
D SNOWING	D BROADSIDE				I				I PASSING OTHER VEHICLE
E FOG / VISIBILITY FT.	E HIT OBJECT				J				J CHANGING LANES
F OTHER*	F OVERTURNED				K				K PARKING MANEUVER
G WIND	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
LIGHTING		H OTHER*			M				M OTHER UNSAFE TURNING
A DAYLIGHT	I PEDESTRIAN				N				N XING INTO OPPOSING LANE
B DUSK - DAWN	C OTHER MOTOR VEHICLE				O				O PARKED
C DARK - STREET LIGHTS	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				P MERGING
D DARK - NO STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				Q TRAVELING WRONG WAY
E DARK - STREET LIGHTS NOT FUNCTIONING*	F TRAIN				B VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				R OTHER*
ROADWAY SURFACE		G BICYCLE			C VC SECTION VIOLATED: CITED: <input type="checkbox"/> YES <input type="checkbox"/> NO				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
A DRY	H ANIMAL				D				A HAD NOT BEEN DRINKING
B WET	I FIXED OBJECT: CONCRETE WALL				E				B HBD - UNDER INFLUENCE
C SNOWY - ICY	J OTHER OBJECT:				F				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDGY, OILY, ETC.)					G				D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)		PEDESTRIAN'S ACTIONS			H				E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	A NO PEDESTRIANS INVOLVED				I				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				J				G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K	DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO			H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				L				I SLEEPY / FATIGUED*
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				M				
F FLOODED*	F NOT IN ROAD	X			N				
G OTHER*	G APPROACHING / LEAVING SCHOOL BUS				O				
SKETCH					MISCELLANEOUS				
SEE PAGE 4 FOR SKETCH					<div style="text-align: center;">INDICATE NORTH</div> <div style="text-align: center;">H.Q. DIV. HWY POLICE DEPT. DIST. ATTY COURT D.H.S.F</div>				

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESSES / PASSENGERS
CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

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CHP 555 CAR'S PAGE 3 (REV 04/11) OFF 000

DATE OF COLLISION (MO. DAY YEAR) 11/30/2012				TIME(2400) 0247				NCIC # 9335				OFFICER I.D. 020266				NUMBER 2012110250							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)					INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED					
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER											
<input type="checkbox"/> #	<input type="checkbox"/>	39	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	M	G	0						
NAME / D.O.B. / ADDRESS ANDI LEE ()																TELEPHONE							
(INJURED ONLY) TRANSPORTED BY: SAN FRANCISCO FIRE DEPARTMENT MEDIC# 72																TAKEN TO: SAN FRANCISCO GENERAL HOSPITAL							
DESCRIBE INJURIES: COMPLAINT OF PAIN TO THE NECK																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	39	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	M	G	0					
NAME / D.O.B. / ADDRESS MICHAEL SHERMAN KIM ()																TELEPHONE							
(INJURED ONLY) TRANSPORTED BY: SAN FRANCISCO FIRE DEPARTMENT MEDIC# 72																TAKEN TO: SAN FRANCISCO GENERAL HOSPITAL							
DESCRIBE INJURIES: TRANSPORTED AS A PRECAUTION, NO INJURIES, NO COMPLAINT OF PAIN																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input checked="" type="checkbox"/> #	<input type="checkbox"/>	51	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS KENDALL RAY FREEMAN ()																TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:							
DESCRIBE INJURIES:																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input type="checkbox"/> #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS MICHAEL SHERMAN KIM ()																TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:							
DESCRIBE INJURIES:																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input type="checkbox"/> #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS ANDI LEE ()																TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:							
DESCRIBE INJURIES:																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
<input type="checkbox"/> #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS MICHAEL SHERMAN KIM ()																TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:							
DESCRIBE INJURIES:																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED							
PREPARER'S NAME FARLEY								I.D. NUMBER 020266				MO. DAY YEAR 11/30/2012				REVIEWER'S NAME				MO. DAY YEAR			

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 4

DATE OF INCIDENT

11/30/2012

TIME

0247

NCIC NUMBER

9335

OFFICER I.D.

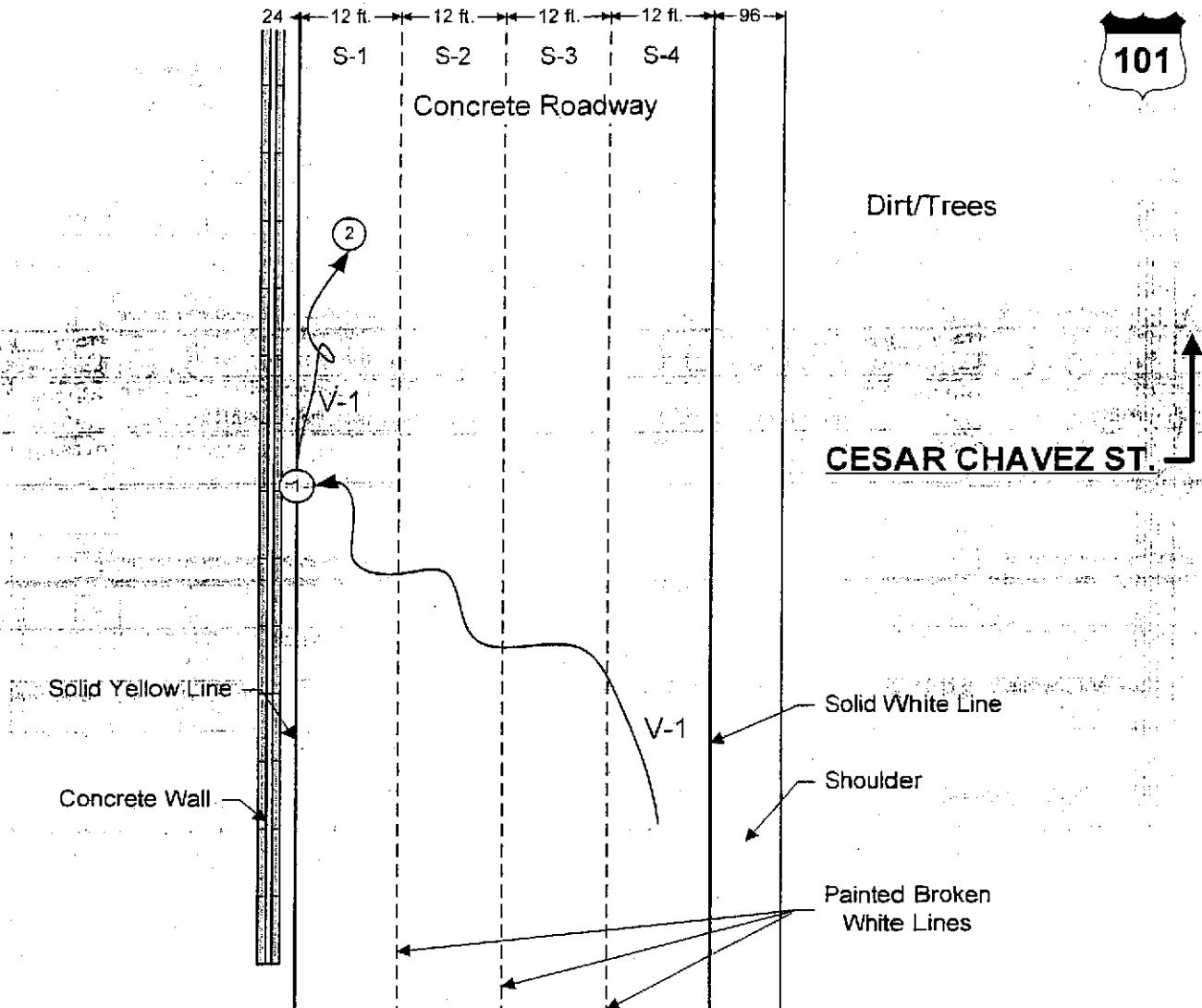
020266

NUMBER

2012110250

1

Sketch

US-101 SOUTHBOUND

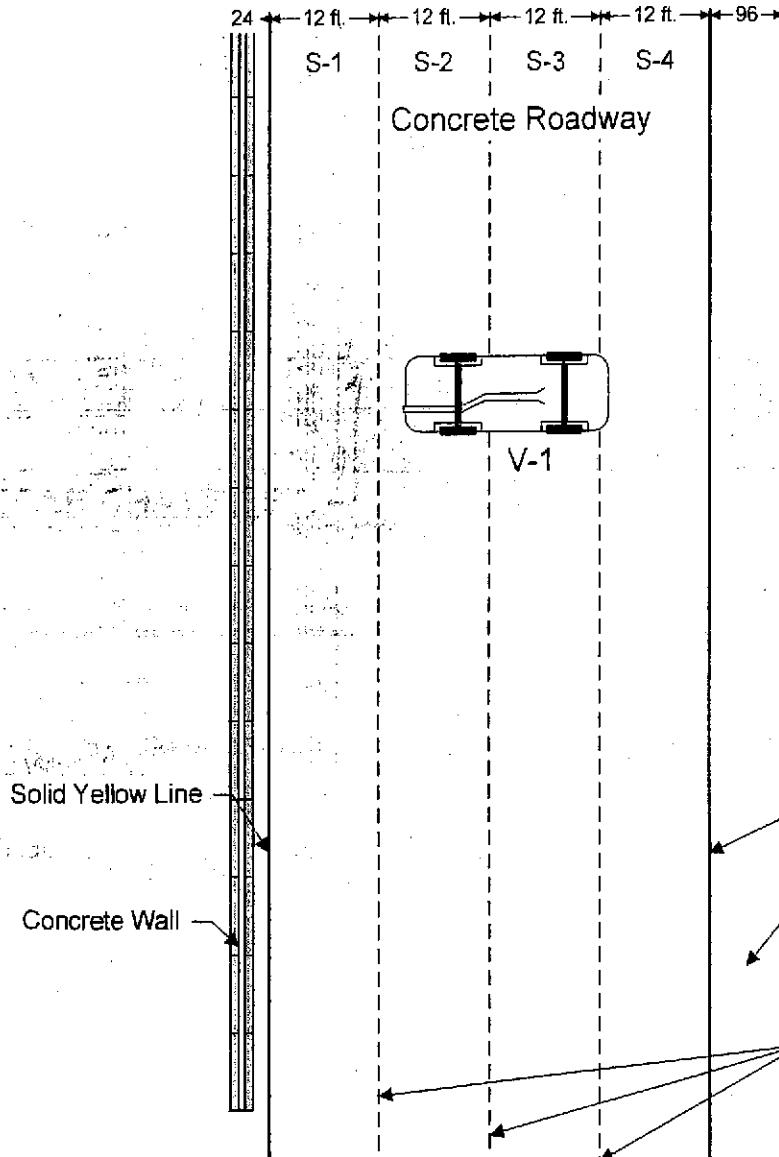
STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 5

DATE OF INCIDENT
11/30/2012TIME
0247NCIC NUMBER
9335OFFICER I.D.
020266NUMBER
2012110250Factual
Diagram

0 10' 0" 20' 0"

**US-101 SOUTHBOUND**1
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7

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 6

DATE OF INCIDENT 11/30/2012	TIME 0247	NCIC NUMBER 9335	OFFICER I.D. 020266	NUMBER 2012110250
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1 Legend2 Station Line:

3 A station line was established along the west roadway edge of US-101 S/B. Station 0+00 was
 4 located 200 feet north of the north edge of the 25th Street over crossing. The station numbers
 5 increase in a southerly direction. All measurements were taken at right angles off the station line.
 6 Measurements were obtained by roll meter.

7

8 Points of Rest:

9

DESCRIPTION	DISTANCE RIGHT OR LEFT OF STATION LINE	LOCATION ON STATION
Right Rear Tire	33 ft. left	1+49
Right Front Tire	22 ft. left	1+49

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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 7

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/30/2012	0247	9335	020266	2012110250

1 **FACTS:**

2

3 **NOTIFICATION:**

4

5 On November 30, 2012, at 0249 hours, I received a call from CHP dispatch of a solo vehicle traffic
 6 collision involving major injury on US-101 S/B, north of Cesar Chavez. I responded from 7th and
 7 Bryant Street and arrived on scene at 0302 hours. Once on scene, I determined this to be a sole
 8 vehicle traffic collision involving minor injuries. All times, speeds, and measurements are
 9 approximate. Measurements were obtained by visual estimation and roll meter.

10

11 **SCENE DESCRIPTION:**

12

13 This traffic collision occurred within the city and county of San Francisco. US-101 S/B at this
 14 location is comprised of four lanes of traffic. Each lane is 12 foot wide and is divided by painted
 15 broken white lines. The roadway is bordered on the east by a solid yellow line, 2 foot wide center
 16 divide, and a concrete median wall. The roadway is bordered on the west by a solid white line, 8
 17 foot wide shoulder, and dirt/trees. The roadway is made of asphalt and the roadway was wet due
 18 to heavy rain at the time of the traffic collision. The area is controlled by the posted speed limit of
 19 50 mph. All roadway signs and markings were in working order. (See factual diagram for
 20 details.)

21

22 **PARTIES:**

23

24 **Party-1 (P-1, Kim)** was identified by his valid California DL. P-1 was located sitting upright in the
 25 back of an ambulance upon my arrival. P-1 was determined to be the driver of V-1 by the
 26 following:

27 - P-1 is the registered owner of V-1
 28 - P-1, and witness statement
 29 - The seat position matched the stature of P-1

30

31 **Vehicle-1 (V-1, Toyota)** was located on its roof facing in an easterly direction blocking the #2 and
 32 #3 lane upon my arrival. V-1 sustained major roll over damage as a result of this traffic collision.
 33 The damage consisted of the following: damage to hood, roof, damage to both sides of V-1, bed
 34 of truck, shattered windshield and rear window. No previous damage noted or claimed.

35

36 **STATEMENTS: STATEMENTS ARE NOT VERBATIM AND ARE WRITTEN IN SUMMARY FORM. THE
 37 STATEMENTS WERE READ BACK TO THE INVOLVED PARTIES FOR VERIFICATION.**

38

39 **Party-1 (P-1, Kim)** was contacted at the scene and related the following in essence: He was
 40 driving S/B in the #4 lane at 55 to 60 mph in heavy rain. "Andi" was his passenger. He was taking
 41 Andi home to Daly City. They were coming from a nightclub off Broadway St. He hit a couple huge
 42 puddles, slowed down and fishtailed to the left. He traveled across the fast lane and hit the center
 43 divide and flipped over. After the collision, they were upside down in the vehicle, unbuckled his
 44 seatbelt and exited vehicle. He called an SFPD dispatcher to relate he was involved in a traffic

STATE OF CALIFORNIA

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1 collision, requested an ambulance. He then unbuckled the passenger seatbelt and related the
 2 passenger was fine.

3
 4 **Witness-1 (W-1, Freeman)** was contacted at the scene and related the following in essence: He
 5 was driving S/B in the #3 lane at approximately 50 mph. He observed a truck in the ahead of him.
 6 traveling at approximately 55 mph in an unknown lane. The truck's rear end rotated counter
 7 clockwise, made a quarter turn and rolled over. W-1 stopped on the shoulder to check on the
 8 occupants.

9
 10 **INTOXICATION NARRATIVE:**

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 12 While gathering information from P-1 regarding the traffic collision, I observed his eyes were red
 13 and watery. I asked him he consumed alcohol and he related 3 beers earlier in the evening. I
 14 asked P-1 a series of field sobriety test questions and had him perform two field sobriety tests
 15 (FSTS) while on the stretcher. Horizontal Gaze Nystagmus I observed lack of smooth pursuit in
 16 both eyes. The Finger Count test was performed as instructed. I determined P-1 was not under
 17 the influence of an alcoholic beverage.

18
 19 **SUMMARY:**

20
 21 P-1, Kim was driving V-1, Toyota on US-101 S/B, north of the 25th Street over crossing in the #4
 22 lane at approximately 60 mph in heavy rain. Due to P-1's unsafe speed for the conditions, the rear
 23 of V-1 rotated counterclockwise and veered left crossing lanes of traffic and colliding into the
 24 concrete wall. This impact caused V-1 to roll onto its roof. V-1 slid across the #1 lane and came to
 25 rest on its roof facing in an easterly direction blocking the #2 and #3 lane. After the collision, P-1
 26 exited V-1 and called an SFPD dispatcher for assistance.

27
 28 The summary was determined by P-1 and W-1's statement, the damage to V-1, and my
 29 observations.

30
 31 **AREA OF IMPACT (AOI):**

32
 33 AOI #1 (V-1 vs. concrete wall) occurred approximately 210 feet north of Cesar Chavez St. and 2
 34 feet east of the east roadway edge of US-101 N/B.

35
 36 AOI #2 (V-1 vs. roadway) occurred approximately 180 feet north of Cesar Chavez St. and 6 feet
 37 west of the east roadway edge of US-101 N/B.

38
 39 The AOI's were determined by P-1 and W-1's statement, the damage to V-1, and my
 40 observations.

41

42

43

PREPARED BY
 FARLEY

I.D. NUMBER
 020266

DATE
 11/30/2012

REVIEWER'S NAME

DATE

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 **CAUSE:**

2

3 P-1 caused this collision by driving in violation of California Vehicle Code section 22350, which
 4 states, no person shall drive a vehicle upon a highway at a speed greater than is reasonable or
 5 prudent having due regard for weather, visibility, the traffic on, and the surface and width of, the
 6 highway, and in no event at a speed which endangers the safety of persons or property.

7 P-1 caused this collision by traveling at a speed too great for the traffic conditions. The cause was
 8 determined by the damage to the involved vehicle, the statements of P-1 and W-1, and my
 9 observations.

10

11 **RECOMMENDATIONS:**

12

13 None

PREPARED BY
FARLEYI.D. NUMBER
020266DATE
11/30/2012

REVIEWER'S NAME

DATE